

<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;"> <p>CLAIMS ONLY</p> </div> <div style="text-align: right;"> <p>Application Number 09/543628</p> <p>Filing Date</p> <p>Applicant(s)</p> </div> </div>						
* May be used for additional claims or amendments						
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
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98						
99						
100						
Total Indep						
Total Depend						
Total Claims						

Handwritten numbers in the bottom right corner of the table:
 2 (above Total Indep)
 15 (above Total Depend)
 17 (above Total Claims)